

RESOLUTION #2010-39
RESOLUTION APPROVING ANNUAL PLAN

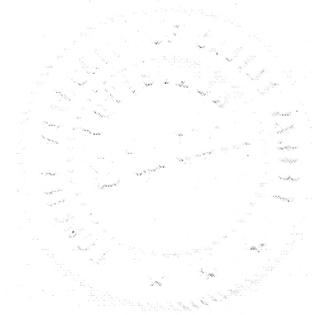
WHEREAS, the Housing Authority of Sabine Parish desires to Approve the Annual Plan for 2011, and

BE IT RESOLVED THAT THE BOARD OF COMMISSIONERS HEREBY GRANT THEIR APPROVAL AND THIS RESOLUTION SHALL BECOME EFFECTIVE.

After Discussion Commissioner Craig moved that the Resolution be adopted as introduced and read. The motion was Seconded by Commissioner Sistrunk and on roll call the following vote was recorded.

COMMISSIONERS	AYES	NAYS	ABSTAIN
FRANKS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHOORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BABERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAIG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SISTRUNK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Chairman thereupon declared the motion carried and the Resolution adopted.



**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the *Streamlined Annual PHA Plan***

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the streamlined Annual PHA Plan for PHA fiscal year beginning 2011, hereinafter referred to as the Streamlined Annual Plan, of which this document is a part and make the following certifications, agreements with, and assurances to the Department of Housing and Urban Development (HUD) in connection with the submission of the Streamlined Plan and implementation thereof:

1. The streamlined Annual Plan is consistent with the applicable comprehensive housing affordability strategy (or any streamlined Plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, and provided this Board or Boards an opportunity to review and comment on any program and policy changes since submission of the last Annual Plan.
3. The PHA made the proposed streamlined Annual Plan, including policy and program revisions since submission of the last Annual Plan, and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the streamlined Plan and invited public comment.
4. The PHA will carry out the streamlined Annual Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
5. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
6. For streamlined Annual Plans that include a policy or change in policy for site-based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(b)(2).
7. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
8. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
9. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
10. The PHA has submitted with the streamlined Plan a certification with regard to a drug-free workplace required by 24 CFR Part 24, Subpart F.
11. The PHA has submitted with the streamlined Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 01-01-2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Sabine Parish Housing Authority
PHA Name

LA074
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2011 - 2012

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<u>Doug Gaunth</u>	<u>Executive Director</u>
Signature	Date
<u>Doug Gaunth</u>	<u>8/17/10</u>

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Sabine Parish Housing Authority</u> PHA Code: <u>LA074 P001</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above)		Number of HCV units: <u>108</u>		
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <u>Sabine Parish Housing Authority</u> <u>210 North Highland Drive</u> <u>Many, LA 71449</u>				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**Certification of Payments
to Influence Federal Transactions**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Sabine Parish Housing Authority

Program/Activity Receiving Federal Grant Funding

OEND/CFP

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Doug Gauntt

Signature

Doug Gauntt

Title

Executive Director

Date (mm/dd/yyyy)

8/17/10

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Sabine Parish Housing Authority

Program/Activity Receiving Federal Grant Funding

DFND/CFP

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Doug Gayntt

Signature

X Doug Gayntt

Title

Executive Director

Date

8/17/10

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application b. initial award c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Sabine Parish Housing Authority P O Box 1565 Many, LA 71449 Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Doug Gauntt</u> Print Name: <u>Doug Gauntt</u> Title: <u>Executive Director</u> Telephone No.: <u>318-256-3359</u> Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: SABINE PARISH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LAO48P074501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP funds				
2	1406 Operations (may not exceed 20% of line 21) ³		85046		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		30000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		280183		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		30000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: SABINE PARISH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48P0745010910 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization of Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	425229			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Devy Stewart</i>		Date 08/17/2010	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/20011

Part I: Summary

PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision
PHA Name/Number	Development Number and Name	Work Statement for Year 1 FFY ____ 2010	Work Statement for Year 2 FFY ____ 2011	Work Statement for Year 3 FFY ____ 2012	Work Statement for Year 4 FFY ____ 2013	Work Statement for Year 5 FFY 2014 ____
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		30000	30000	30000	30000
E.	Administration					
F.	Other					
G.	Operations		85046	85046	85046	85046
H.	Demolition					
I.	Development		313585	313585	313585	313585
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		428631	428631	428631	428631
L.	Total Non-CFP Funds					
M.	Grand Total					

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011			Work Statement for Year: 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<p>ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES, Add attic insulation</p>	AS MANY AS CAN BE DONE	313585	<p>ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES, add attic insulation</p>	AS MANY AS CAN BE DONE	313585
Annual Statement						

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 2010 FFY	Work Statement for Year 2014 FFY		Work Statement for Year 2015 FFY			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	MODERNIZATION OF DWELLING UNITS AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED. <i>UPDATE ALL ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL</i>	AS MANY AS CAN BE DONE	313585	MODERNIZATION OF DWELLING UNITS AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED. <i>UPDATE ALL ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL</i>	AS MANY AS CAN BE DONE	313585
Annual Statement	WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES, add attic insulation			WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES, add attic insulation		

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name: SABINE PARISH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LAO48P074501-10 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated
1	Total non-CFP Funds		85046	85046	85046	85046
2	1406 Operations (may not exceed 20% of line 21) ³		85046	85046	85046	85046
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		30000	30000	13120	13120
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		280183	286633.06		
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment		30000	23549.94	23549.94	23549.94
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: SABINE PARISH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: LA48P0745010910 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Expended
18Ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	Revised ²	
19	1502 Contingency (may not exceed 8% of line 20)	428631	121715.94
20	Amount of Annual Grant:: (sum of lines 2 - 19)	425229	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 12/02/2010	Signature of Public Housing Director

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010				
PHA Name: SABINE PARISH HOUSING AUTHORITY		Capital Fund Program Grant No: LA48P07450110						
		CFPP (Yes/No):						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
LA74000001/2	OPERATING SUBSIDY	1406		85046	85046.00	85046	85046	100
	FEES/COST	1430		30000	30000.00	13120	13120	44
	dwelling structures	1460		280183	286633.06			
	MODERNIZATION OF dwelling units AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED.							
	UPDATE WIRING, HVAC UNITS, RELACE BATHROOM FIXTURES, TUBS/SHOWERS, REPLACE WALL TILE, FLOOR COVERING, KITCHEN AREA REPLACE DAMAGED CABINETS, FLOOR TILE, INTERIOR/EXTERIOR DOORS WHERE NEEDED, LIVING ROOM REPLACE FLOOR TILE, REPLACE LAMPS WITH NEW ENERGY SAVERS, REPAIR AND PAINT ALL WALLS, REPLACE ALL LIGHT FIXTURES WITH NEW ENERGY SAVERS.							
	NONDWELLING EQUIPMENT	1475		30000	23549.94	23549.94	23549.94	100
	MAINTENANCE VEHICLE							

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary		Grant Type and Number	
PHA Name: SABINE PARISH HOUSING AUTHORITY		Capital Fund Program Grant No: LAO48P0745019 Replacement Housing Factor Grant No: Date of CFFP:	
FFY of Grant: 2009		FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 5) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³		85726	85726.00	85726.00	85726.00	
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		22741	22741.00	22741	15097.31	
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		292164	268765.91	268765.91	8100.00	
11	1465.1 Dwelling Equipment—Nonependable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment		28000	21398.09	21398.09	21398.09	
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs			30000.00	30000	16268.27	
17	1499 Development Activities ⁴						

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: SABINE PARISH HOUSING AUTHORITY Grant Type and Number: Capital Fund Program Grant No.: LA48P074501099 Replacement Housing Factor Grant No.: Date of CFFP:		FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Reserve for Disasters/Emergencies			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)	428631	428631.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	428631	146589.67
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Date 12/02/2010	Signature of Public Housing Director
			Date

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: SABINE PARISH HOUSING AUTHORITY		Capital Fund Program Grant No: LA48P07450109						
		CFPP (Yes/ No):		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
LA74000001	OPERATING SUBSIDY	1406		Original 85726	Revised ¹ 85726	Funds Obligated ² 85726	Funds Expended ² 85726	100
	FEES/COST	1430		22741	22741	22741.00	15097.31	66
	dwelling structures	1460		292164	268765.91	268765.91	8100.00	3
	MODERNIZATION OF dwelling units AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED.							
	UPDATE WIRING, HVAC UNITS, RELACE BATHROOM FIXTURES, TUBS/SHOWERS, REPLACE WALL TILE, FLOOR COVERING, KITCHEN AREA REPLACE DAMAGED CABINETS, FLOOR TILE, INTERIOR/EXTERIOR DOORS WHERE NEEDED, LIVING ROOM REPLACE FLOOR TILE, REPLACE LAMPS WITH NEW ENERGY SAVERS, REPAIR AND PAINT ALL WALLS, REPLACE ALL LIGHT FIXTURES WITH NEW ENERGY SAVERS.							
	Maintenance Vehicle	1475		28000	21398.09	21398.09	21398.09	100
	relocation	1495			30000.00	30000.00	16268.27	44
	total			428631	428631	428631.00	124685.76	

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 Office of Public and Indian Housing
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Part I: Summary		PHA Name: SABINE PARISH HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No. LA48S07450109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report		Obligated	Total Actual Cost ¹ Expended
			Original	Total Estimated Cost Revised ²		
1		Total non-CFP Funds				
2		1406 Operations (may not exceed 20% of line 21) ³				
3		1408 Management Improvements				
4		1410 Administration (may not exceed 10% of line 21)				
5		1411 Audit				
6		1415 Liquidated Damages				
7		1430 Fees and Costs	35240	45921.68	45921.68	34341.02
8		1440 Site Acquisition				
9		1450 Site Improvement				
10		1460 Dwelling Structures	507008.00	496326.32	496326.32	276442.73
11		1465.1 Dwelling Equipment—Nonexpendable				
12		1470 Non-dwelling Structures				
13		1475 Non-dwelling Equipment				
14		1485 Demolition				
15		1492 Moving to Work Demonstration				
16		1495.1 Relocation Costs				
17		1499 Development Activities ⁴				

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 Expires 4/30/2011

Part I: Summary

PHA Name: SABINE PARISH HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: LA48S07450109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
18a		1501 Collateralization or Debt Service paid by the PHA				
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment				
19		1502 Contingency (may not exceed 8% of line 20)	542248.00	542248.00	542248.00	310783.75
20		Amount of Annual Grant: (sum of lines 2 - 19)				
21		Amount of line 20 Related to LBP Activities				
22		Amount of line 20 Related to Section 504 Activities				
23		Amount of line 20 Related to Security - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Devy Pruitt</i>			Date 12/02/2010	Signature of Public Housing Director		

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Violence Against Women Act (VAWA) Our Policy

The PHA shall not deny admission to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

This language has been incorporated into the ACOP and/or Section 8 Housing Choice Voucher Administration Plan.

Violence Against Women Act (VAWA) Policy

Title VI of the VAWA adds a new housing provision that establishes several categories of protected individuals. Under the law victims of domestic violence, dating violence, sexual assault, and stalking are granted protections and cannot be denied or terminated from housing or housing assistance because of activity that is directly related to domestic violence. 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. §1437d(l) and 1435f(d), (0) & 1 and (u)

1.0 Purpose

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- (a) protecting the safety of victims;
- (b) creating long-term housing solutions for victims;
- (c) building collaborations among victim service providers; and
- (d) assisting LHA to respond appropriately to the violence while maintaining a safe environment for LHA, employees, tenants, applicants, Section 8 participants, program participants and others.

The policy will assist the Battle Creek Housing Commission (LHA) in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

This Policy is incorporated into LHA's "Admission and Continued Occupancy Policy" and "Section 8 Administration Plan" and applies to all LHA housing programs.

2.0 Definitions

The definitions in this Section apply only to this Policy.

- 2.1 **Confidentiality:** Means that LHA will not enter information provided to LHA by a victim alleging domestic violence into a shared database or provide this information to any related entity except as stated in 3.4
- 2.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship. 42 U.S.C. §1437d (u)(3)(A), § 13925.

- 2.3 Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of Michigan, or committed by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of Michigan. 42 U.S.C. §1437d(u)(3)(B), § 13925.
- 2.4 Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands *in loco parentis*; or any other person living in the household of the victim and related to the victim by blood or marriage. 42 U.S.C. § 1437d(u)(3)(D), § 13925.
- 2.5 Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 2.6 Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. §1437d(u)(3)(C), § 13925.
- 2.7 Bona Fide Claim:** A *bonafide* claim of domestic violence, dating violence or stalking must include incidents that meet the terms and conditions in the above definitions.
- 2.8 Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 3.2 and 3.3 or as requested by LHA.

3.0 Certification and Confidentiality

3.1 Failure to Provide Certification Under 3.2 and 3.3

The person claiming protection under VAWA shall provide complete and accurate certifications to LHA, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, LHA, owner or manager may take action to deny or terminate participation or tenancy. 42 U.S.C. §14371 (5) & (6); 42 U.S.C. § 1437F(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f(o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20) or for other good cause.

3.2 HUD Approved Certification

For each incident that a person is claiming as abuse, the person shall certify to LHA, owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are *bonafide* incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other identification.

3.3 Confirmation of Certification

A person who is claiming victim status shall provide to LHA, an owner or manager: (a) documentation signed by the victim and an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. §1746) the professional's belief that the incident(s) in question are *bonafide* incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

3.4 Confidentiality

LHA, the owner and managers shall keep all information provided to LHA under this Section confidential. LHA, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) the victim request or consents to the disclosure in writing;
- (b) the disclosure is required for:
 - (i) eviction from public housing under 42 U.S.C. §1437 l(5)&(6)(See Section 4 in this Policy)
 - (ii) termination of Section 8 assistance under 42 U.S.C. §1437f(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f (o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20)(See Section 4 in this Policy); or (c) the disclosure is required by applicable law.

4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy

- 4.1 LHA shall not deny participation or admission to a program on the basis of a person's abuse status, if the person otherwise qualifies for admission of assistance.
- 4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.

- 4.3 Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Sections 4.1, 4.2, and 4.2, LHA, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B)
- 4.5 Nothing in Sections 4.1, 4.2, and 4.3 shall limit the authority of LHA, an owner or manager, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Sections 4.1, 4.2, and 4.3 limits LHA, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However LHA, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Sections 4.1, 4.2, and 4.3 limits LHA, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the LHA, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Sections 4.1, 4.2, or 4.3 limits LHA, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who: (a) is a victim under this Policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all other obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

5.0 Actions Against a Perpetrator

The LHA may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing LHA or law enforcement's trespass of the perpetrator; (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2; and (f) other reasonable measures.

6.0 LHA Right to Terminate Housing and Housing Assistance Under this Policy

6.1 Nothing in this Policy will restrict the LHA, owner or manager's right to terminate tenancy for lease violations by a resident who claims VAWA as a defense if it is determined by the LHA, owner or manager that such a claim is false.

6.2 Nothing in this Policy will restrict the LHA right to terminate tenancy if the victim tenant (a) allows a perpetrator to violate a court order relating to the act or acts of violence; or (b) if the victim tenant allows a perpetrator who has been barred from LHA property to come onto LHA property including but not limited to the victim's unit or any other area under their control; or (c) if the victim tenant fails to cooperate with an established safety strategy as designed by a local victim support service provider (see 7.2).

6.3 Nothing in this Policy will restrict the LHA right to terminate housing and housing assistance if the victim tenant who claims as a defense to an eviction or termination action relating to domestic violence has engaged in fraud and abuse against a federal housing program; especially where such fraud and abuse can be shown to have existed before the claim of domestic violence was made. Such fraud and abuse includes but is not limited to unreported income and ongoing boarders and lodgers violations, or damage to property.

7.0 Statements of Responsibility of Tenant Victim, the LHA to the Victim, and to the Larger Community.

7.1 A tenant victim has no less duty and responsibility under the lease to meet and comply with the terms of the lease than any other tenant not making such a claim. Ultimately all tenants must be able to take personal responsibility for themselves and exercise control over their households in order to continue their housing and housing assistance. The LHA will continue to issue lease violation notices to all residents who violate the lease including those who claim a defense of domestic violence.

7.2 LHA recognizes the pathologic dynamic and cycle of domestic violence and a victim of domestic violence will be referred to local victim support service providers to help victims break the cycle of domestic violence through counseling, referral and development of a safety strategy.

7.3 A tenant victim must take personal responsibility for exercising control over their household by accepting assistance and complying with the safety strategy or plan to best of victim's ability and reason under the circumstances. Failure to do this may be seen as other good cause.

7.4 All damages including lock changes will be the responsibility of the tenant victim. This is in keeping with other agency policies governing tenant caused damages.

8.0 Notice to Applicants, Participants, Tenants and Section 8 Managers and Owners.

LHA shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.1 If the LHA, owner or manager knows that an applicant to or participant in a LHA housing program is the victim of dating violence, domestic violence or stalking, the LHA, owner or manager shall inform that person of this Policy and the person's rights under it.

9.0 Reporting Requirements

LHA shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. LHA shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

10.0 Conflict and Scope

This Policy does not enlarge LHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another LHA policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

11.0 Amendment

The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date that the Executive Director signs the amendment.

**PART VII: NOTIFICATION TO APPLICANTS AND TENANTS
REGARDING PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN
REAUTHORIZATION ACT OF 2005 (VAWA)**

16-VII.A. NOTIFICATION TO APPLICANTS

PHA Policy

The PHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of PHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The PHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA (see section 3-III.F).

16-VII.B. NOTIFICATION TO TENANTS [Pub.L. 109-162]

VAWA requires PHAs to notify tenants assisted under public housing of their rights under this law, including their right to confidentiality and the limits thereof.

PHA Policy

The PHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of PHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The PHA will also include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA (see Section 13-IV.D).

Pha plan

Substantial deviation from the 5 year plan:

Any change to the Mission Statement such as:

50% deletion from or addition to the goals and objectives as a whole,

50% or more decrease in the quantifiable measurement of any individual goal or objective

Significant amendment or modification to the Annual Plan:

50% variance in the funds projected in the CFP Annual Statement

Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or CFP Annual Statement

Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership Programs

Any change inconsistent with the local, approved Consolidated Plan

POLICY FOR THE ADMINISTRATION

OF

COMMUNITY SERVICE

AND/OR

ECONOMIC SELF-SUFFICIENCY

REQUIREMENTS

(Quality Housing and Work Responsibility Act of 1998
24 CFR Part 960, Subpart F Section 960.600-960.609)

PREPARED FOR THE

HOUSING AUTHORITY

OF

SABINE PARISH, LOUISIANA

(CITY/TOWN/PARISH/COUNTY)

MANAGEMENT RESOURCE GROUP, INC.

2392 MOUNT VERNON ROAD, SUITE 103 / ATLANTA GEORGIA 30338

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**GUIDELINES FOR ADMINISTRATION OF
COMMUNITY SERVICE AND SELF-SUFFICIENCY WORK ACTIVITIES**

HOUSING AUTHORITY

OF

SABINE PARISH, LOUISIANA
(CITY/TOWN/PARISH/COUNTY)

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I. GENERAL INFORMATION

New Community Service Requirements

A. Background

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) was signed into law by President Clinton on October 21, 1998. This Act is sometimes called the public housing reform act and the final rules required by QHWRA were published in the Federal Register on March 29, 2000. 24 CFR-Subpart F, 960.00 lists the statutory requirements, which must be incorporated by local PHA/PHC, etc into policy to meet, community Service/Self-Sufficiency work activities.

B. What is Community Service?

Community Service is defined as the performance of *voluntary* work, or duties that are a public benefit and serve to improve the quality of life, to enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities.

C. Who must comply?

The final rule requires **all** adult family members who do not qualify for a statutory exemption.

D. Who is exempt?

An **exempt** person is an adult family member who:

- (1) Is **62** years of age or older;
- (2) Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
- (3) Is engaged in work activities;
- (4) Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.

- (5) Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.

E. What is the Annual Obligation?

Each adult family member who is not exempt must:

- (1) Contribute **8 hours per month (96 hours per year)** of Community Service, or
- (2) Participate in an economic self-sufficiency program for the same hours per year; or
- (3) Perform a *combination* of the activities in (1) and (2) for the same number of hours required above: *8/month – 96/year*.

F. What happens when someone does not comply?

The lease specifies that it shall be renewed automatically for all purposes, unless the family fails to comply with the community service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the 12-month lease term, but not for the termination of tenancy during the course of the 12-month lease term prior to the recertification process.

In addition, each family member who fails to complete its entire obligation shall be given the opportunity to develop a plan with PHA approval to perform these non-compliant hours in addition to their regularly obligated 96 hours in the second year of residency. At the end of the second year if all outstanding obligated hours of community service/self-sufficiency are not met the PHA may commence eviction proceedings.

G. When do the Community Service Requirements start?

All PHA's and residents must comply with the requirements of subpart F beginning with a PHA's fiscal year that begin on or after October 1, 2000.

H. How does the PHA administer its program?

The PHA may administer qualifying community service or economic self-sufficiency activities directly through its own staff or through a third party community entity that has an agreement with the PHA.

I. PHA Responsibilities to its residents.

- (1) The PHA must develop a policy that describes how it will determine which family members are subject to or exempt from performing the service requirement and the process for verifying changes to existing status.
- (2) The PHA must provide every family a written description of the service requirement and the process for claiming status. The PHA must also notify each adult family member of its initial determination of exempt and non-exempt status.
- (3) The PHA must review family compliance with the service requirements and must verify such compliance annually at least 30 days before the renewal of the lease (Annual Re-Certification).
- (4) The PHA must retain reasonable documentation of service requirement performance or exemption in the resident's file folder.

II. PROGRAM ADMINISTRATION

The SABINE PARISH Housing Authority's policy is designed to identify which adult family members are subject to or exempt from the service requirements; to explain how the PHA will administer its program; to identify PHA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliance with identified work activities with fair and equitable actions.

A. PHA Responsibilities

(1) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

a. An **exempt** person is an adult family member who:

1. Is **62** years of age or older;
 2. Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
 3. Is engaged in work activities;
 4. Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.
 5. Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.
- b. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.

- c. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- d. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(2) **Work Activity Opportunities**

The SABINE PARISH Housing Authority has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. **PHA Provided Activities.**

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

b. **Third Party Certification**

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. **Verification of Compliance.**

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. **Notice of Noncompliance.**

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

- Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

e. **Resident agreement to comply with the service requirement.**

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

- f. The SABINE PARISH Housing Authority has developed the following list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

The Authority has identified the following PHA certifiable activities, which are available to meet the requirements:

Neighborhood Watch
 Daily Phone Monitor for elderly
 Daily Phone Monitor for disabled
 Welcome Wagon Attendant
 Playground Monitor
 Or other certifiable activities

The following third party entities have entered into agreement with the Authority to provide activities available to satisfy the Community Service activities:

Religious Organizations

Name
 Address
 Phone Number
 Contact person

Qualified activities

Phone bank
 Out reach
 Food service (soup kitchen)
 Or other certifiable activities

Schools

Name
 Address
 Phone Number
 Contact person

Qualified activities

PTA Volunteer
 Library Aide
 Hall Monitor
 Playground,
 or other certifiable activities

Hospitals

Name
 Address
 Phone Number
 Contact person

Qualified activities

Reception
 Candy Striper
 or other certifiable activities

III. DOCUMENTATION

- A. Resident Notification Letter**
- B. PHA Certification Form**
- C. Third Party Certification Form**
- D. Community Service Exemption Certification**
- E. Memorandum Of Understanding**
- F. Physician Disability/Handicapped Verification Form**

COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I have received a copy of, have read and understand the contents of the SABINE PARISH Housing Authority's Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I understand that I must perform 96 hours of community service per year at no less than 8 hours per month per this requirement. I further understand that if I do not comply with this requirement that my lease will not be renewed.

Adult Family Member

Date

SABINE PARISH HOUSING AUTHORITY

HOUSING AUTHORITY CERTIFICATION FORM Housing Authority Community Service Work Activities

I _____ an adult family member of the household that resides at

_____, Louisiana, do acknowledge
Street address City,

that, I am required to complete 8 hours of Community Service per month and/or 96 hours per year to remain eligible for the Annual renewal of my lease.

Signature

<u>ACTIVITY(S) PERFORMED</u>	<u>HOURS COMPLETED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
TOTAL HOURS	_____

This service was performed during the month of _____, 20_____.

Signature
Housing Authority Representative

Date Signed

SABINE PARISH HOUSING AUTHORITY

THIRD PARTY CERTIFICATION FORM Housing Authority Community Service Work Activities

I _____ an adult
family member of the household that resides at

_____, Louisiana, do acknowledge
Street address City
that, I am required to complete 8 hours of Community Service per month and/or 96 hours
per year to remain eligible for the Annual renewal of my lease.

Signature

<u>ACTIVITY(S) PERFORMED</u>	<u>HOURS COMPLETED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
TOTAL HOURS	_____

This service was performed during the month of _____, 20_____.

Signature
Third Party Representative

Date Signed

COMMUNITY SERVICE EXEMPTION CERTIFICATION

I have received a copy of, have read and understand the contents of the _____ Housing Authority's Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I certify that I am eligible for exemption from the Community Service requirement for the following reason.

- I am 62 years of age or older.
- I have a disability, which prevents me from working.
(Documentation to verify disability is required.)
- I am working every week.
(Employment verification form will serve as documentation.)
- I am participating in a Welfare to Work Program
(Must provide verification letter from agency.)
- I am receiving Welfare assistance and I am participating in a required economic self-sufficiency program or work activity.
(Must provide verification from the funding agency that you are complying with job training or work requirements.)
- I am a primary caregiver to a disabled person and am on the lease with said person.
- I am a full time student

Adult Family Member

Date

MEMORANDUM OF UNDERSTANDING BETWEEN

AND SABINE PARISH HOUSING AUTHORITY

PURPOSE: This Memorandum of Understanding entered into as of this _____ day of _____, 20____, by and between the SABINE PARISH Housing Authority, hereinafter referred to as "PHA" and _____,

Hereinafter referred to as "Third Party", sets forth the coordination interface between PHA and the Third Party for the purpose of providing alternative work service activities to participants in the Community Service Program as defined under Section 512 of the Quality Housing and Work Responsibility Act (QHWRA) effective October 1, 2000.

I. PURPOSE:

To establish a community work service process within the community in order to assist adult residents to participate in meeting their eight (8) hours per month of community service requirements.

II. OBJECTIVES:

- A. To develop procedures for working together to provide quality and timely opportunities for community service for the participating residents of the SABINE PARISH Housing Authority.
- B. To create a directory of eligible opportunities from which residents can make selections.
- C. To provide participating residents the greatest possible selection choice of community service activities.
- D. To provide alternative work services as they become available to the participants.
- E. To have our participating residents volunteer and contribute eight (8) hours of community service each month.

III. ROLES AND RESPONSIBILITIES OF THE THIRD PARTY

To ensure that each community service participant is assigned work deemed appropriate by the Third Party.

The Third Party will ensure that the Community Work Service Time Sheet is signed by a designated representative to record the hours of community service worked each time a resident participates.

To designate appropriate local staff in the Third Party to serve as liaison for coordination of the participating residents in community service activities.

IV. ROLES AND RESPONSIBILITIES OF THE AUTHORITY

To ensure that only the adult residents as identified by Section 512 of the Quality Housing and Work Responsibility Act (QHWRA) are notified of all community work service opportunities available to them to meet their service work requirements.

To monitor and track all hours worked by all participating residents for record keeping purposes for determining participant residents for record keeping purposes for determining participant compliance.

The PHA will designate JURLEAN WILSON/GLORIA STEWART/KAREN EBARB to act as liaison person between the Third Party and PHA.

The PHA will monitor and support ongoing lines of communication with residents to motivate and encourage participation in the work service program.

To ensure the conditions under which the community service is to be performed are not hazardous to the participating residents.

V. CHANGES AND ASSURANCES

It is understood and agreed that the PHA and the Third Party shall not be liable in the event of accident, injury or death and shall be harmless from any litigation involving tort or other violation of local, state or federal laws.

The Memorandum of Understanding may be altered, modified, or rescinded as necessary by the Authority Assistant Executive Director or the Executive Director.

The Authority Executive Director and the Third Party Director will take appropriate actions within their respective agencies to ensure effective implementation of the terms identified herein.

VI. SIGNATURES

IN WITNESS WHEREOF, THIRD PARTY AND PHA, by their authorized agents have executed this Memorandum of Understanding as of the

_____ day of _____, in the year 20_____.

Name

SABINE PARISH Housing Authority

Name/Title

Name/Title

Date

Date

WITNESSES:

WITNESSES:

TO BE COMPLETED BY EVALUATORY/DIAGNOSTICIAN

This is to certify that, in my opinion, the applicant/tenant identified above meets the criteria checked below:

Disability Certification: as defined in Section 223 of the Social Security Act: an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last to continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

Based on the above definition, it is my opinion that the individual indicated above: is disabled is not disabled.

Accommodations required: _____

Handicapped Certification: Handicapped and whose physical impairment: is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such disability could be improved by more suitable housing conditions.

Based on the above definition, it is my opinion that the individual indicated above: is handicapped is not handicapped.

Accommodations required: _____

Additional comments: (e.g., any special situations, etc.)

I certify that the above Information is true and correct.

Evaluator/Diagnostician's

Name/Title

Signature

Date

Name of Organization

Address

City, State, Zip

Telephone Number

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

SABINE PARISH HOUSING
PHA Name

LA07A
PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
<u>DOUG GAUNTT</u>	<u>EXE DIR</u>
Signature	Date
<u>Doug Gauntt</u>	<u>9/10/2010</u>